FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000065199 (9)

DOCUMENT #

1. Corporation Name

AVISCO SERVICE AG, INC.

Principal Place of Business	Mailing Address				
15975 BRIARICLIFF LANE	15975 BRIARICLIFF LANE				
FORT MYERS FL 33912	FORT MYERS FL 33912				



						3. Date Incorporated or Qualified 09/06/1994	3a. Date 05	of Last Re /01/199	200rt		
	Principal Place of Business 2a, Mailing Address					4 FEI Number		17	Applied For		
2. Principal Place	Thirtiege Those of Econocia					65-0582326			Not Applicable		
		Suite, Apt. #, et	ite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required					
City & State City & State						6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution \$5.00 May Be Added to Fees					
3 Zip	Country 25	Zip	30	ountry		This corporation has liability for Florida Statutes		x under s	199.032,		
<u> </u>	9. Name and Address of Curren			\top		10. Name and Address of New F	registered .	Agent			
	PEREIRA, JOSEPH A JR				Name Street A	ne et Address (P.Ö. Box Number is Not Acceptable)					
	72ND STREET										
STE. 4700				83							
MIAMI FL	33173			84	City		FL	85 Zig	p Code		
SIGNATURE	and accept the obligations of, Sect	r and title if applicable	(NOTE: Registe		ni signature re	xquired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	DRS IN 12		
12.		D DIRECTORS	1		···	ADDITIONS/CHANGES TO OF		Change	Addition		
TILE	PTD Dolfus, Nikolaus	☐ DELET	B	1 TITLE 2 NAME				Change			
NAME STREET ADDRESS	15975 BRIARCLIFF LANE				ADDRESS						
CITY-ST-ZIP	FT. MYERS FL		1./	4 CITY-	ST - ZIP						
STLE	VD	DELET	E 2	1 TITLE			[Change	Addition		
NAME	DOLFUS, DORIS		2	2 NAME	- 1						
STREET ADDRESS	15975 BRIARCLIFF LANE FT. MYERS FL				T ADDRESS						
DITY-ST-ZIP	ST	[] DELET		4 CITY - : 1 TITLE	ST-ZIP		i	Change	☐ Addition		
ITLE	BRITA. RUBIN	[] OECC11		2 NAME							
IAME	15975 BRIARCLIFF LANE				T ADDRESS						
STREET ADDRESS CITY-ST-ZIP	FT. MYERS FL			4 DITY-							
HILF		☐ DELET	E 4	1 TITLE				Change	Addition		
VAME			4	2 NAME							
STREET ADDRESS			4	3 STREE	T ADDRESS						
CITY - ST - ZIP				4 CITY -				Change	☐ Additio		
TITLE		DELET		. 1 TITLE				L_1 Sharige			
NAME				2 NAME	t address :						
STREET ADDRESS				3 STREE -4 CITY -							
CITY-ST-ZIP THILE		☐ DELET		1 TITLE				☐ Change	Additio		
NAME				2 NAME							
STREET ADDRESS					T ADORESS						
CITY-ST-ZIP			6	4 CITY-	ST-ZIP						
0111-01-11		to the state of the enterior terminates	du furnished a	nd do	oc not aus	alify for the exemption stated in Section 11	9.07(3)(k) FI	orida Statu	ites. I further		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR